



## **Application Procedures for Sprinkler**

Locust Grove Community Development Department  
P.O Box 900  
3644 Hwy 42  
Locust Grove Ga. 30248

Inspection • Permits • Final Plats • Plan Review

(770) 692.2321 Phone

(770) 692.2327 Fax

To whom it may concern:

Attached are the forms you will need at the time any Sprinkler plans are submitted to the Locust Grove Building Department. We are here to serve you! Therefore, please contact this department should you have any questions or concerns.

**When requesting a Fire Sprinkler Permit in Locust Grove you must submit the following information:**

- **Four set of sprinkler drawings sealed and signed by an Engineer. These plans should include a copy of the approved site plan (if complete structure) cut-sheets and calculations.**
- **Proper paperwork. (*Commercial Route Sheet, Permit Application*)**
- **Current Business License, State Card and Certificate Of Certificate of Competency.**

**Always ask a Representative in our department when in question.**

We will not be able to accept plans for review until such information is provided. Once all of the proper paperwork has been submitted we will be able to "start" the process of Plan Review. The plans are distributed to the Henry County Fire Department. Please allow 8-10 working day once the plans have been properly submitted.

Again this is only to start the process of the review. Should you have any question do not hesitate to contact the Fire Department at 678-583-3687.

Thank you,



Application for  
**SPECIALIZED PERMIT**

☐ Residential

☐ Commercial

Master Permit #: \_\_\_\_\_ Permit #: \_\_\_\_\_

(Please Print)

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

D.L. # \_\_\_\_\_ Exp: \_\_\_\_\_ State \_\_\_\_\_

Contractor's Current Georgia State ID # \_\_\_\_\_ Exp: \_\_\_\_\_

Occupational Tax: County \_\_\_\_\_ Number: \_\_\_\_\_ Exp: \_\_\_\_\_

(Please attach copies)

Is this a repair, remodel, replacement or gas line for swimming pool? ☐ Yes (or) ☐ No  
If yes, please attach copy of state card.

Owner of Structure: \_\_\_\_\_ Business name: \_\_\_\_\_

Project Address: \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_

Estimated cost of construction: \_\_\_\_\_ Total square footage: \_\_\_\_\_

Subdivision (if applicable) \_\_\_\_\_ Lot No: \_\_\_\_\_

**24 Hour contact information:**

Name: \_\_\_\_\_ Phone or Cell \_\_\_\_\_

PROJECT TYPE	FEE PER TRADE	<input checked="" type="checkbox"/> All that apply
Temporary Service Pole	\$35.00	
Demolition Permit	\$65.00	
Swimming Pool Permit (In Ground)	\$250.00	
Swimming Pool Permit (Above Ground)	\$125.00	
Utility Release	\$65.00	
Fire Sprinkler	\$50.00	
Fire Damage Preliminary Inspection	\$50.00	
Move-in Structure Preliminary Inspection	\$50.00	
Move-in Structure Building Permit	\$250.00	
Industrialized Building (Construction, Temporary Occupancy)	\$100.00, plus applicable Trade Permit	
Garage, Storage, and Accessory Structures (Residential, detached)	Minimum fee of \$50.00 or \$0.15 per square foot (Total), plus applicable Trade Permit	
Garage, Storage, and Accessory Structures (Nonresidential, detached)	Minimum fee of \$50.00 or \$0.15 per square foot (Total), or Valuation permit fee in (B), whichever is greater, plus applicable Trade Permit	
Low-Voltage (Alarm, Telephone, Cable, Fiber)	\$50.00	
<b>Total</b>		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Checks made payable to: City of Locust Grove, P.O. Box 900, 3644 Hwy 42 S., Locust Grove, Georgia 30248

Dept: \_\_\_\_\_

Due: \_\_\_\_\_

Purpose of Permit:

- ☐ Shell Only  
☐ Complete Structure for C. C.  
☐ Complete Structure for C.O.  
☐ Vanilla Box ( Int. Fin./ No Tenant )  
☐ Interior Finish for Leased Tenant  
☐ Other

**LOCUST GROVE COMMERCIAL BUILDING PERMIT ROUTING SHEET**

Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Permit Owner: \_\_\_\_\_ Ph#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Ph #: \_\_\_\_\_  
Alternate Person: \_\_\_\_\_ Ph #: \_\_\_\_\_  
Submitter's Signature: \_\_\_\_\_ Submitter's Title: \_\_\_\_\_

Office Use Only From This Point Forward:

Plans Received For Review: \_\_\_\_\_ Plans Sent to Fire Marshall: \_\_\_\_\_  
Plans Returned From Fire Marshall: \_\_\_\_\_ Resubmittal Required: Yes No  
Building Department Resubmittal Required: Yes No

Resubmittal Date: \_\_\_\_\_ Sealed Structural Plans Required: Yes No

Occupancy: A B E F H I M R S Misc.

Type of Construction: I II III IV V 1-Hr (A) Unp. (B)

Size of Structure: \_\_\_\_\_ Valuation Per Sq. Ft.: \_\_\_\_\_ Est. Valuation: \_\_\_\_\_

Permit Cost: \_\_\_\_\_ Plan Review Fee (25% of permit cost) \_\_\_\_\_

Type of Payment: check \_\_\_\_\_ cash \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

Fire Safety & Accessibility Fee: \$ \_\_\_\_\_ Fire Department Occupancy No.: # \_\_\_\_\_

Development Permit Req'd: Yes No Dev. Permit #: \_\_\_\_\_ Date: \_\_\_\_\_

Sewer Tap Fee Required: Yes No L.L.: \_\_\_\_\_ Dist: \_\_\_\_\_

Water Tap Fee Required: Yes No Parcel ID # \_\_\_\_\_

Septic Tank Permit Req'd? Yes No Zoning: \_\_\_\_\_

Pre-Construction Meeting Req'd? Yes No Zoning Approval & Date: \_\_\_\_\_

**SET BACKS PER ZONING: FRONT \_\_\_\_\_ REAR \_\_\_\_\_ LEFT \_\_\_\_\_ RIGHT \_\_\_\_\_**

Comments: \_\_\_\_\_

Building Impact Fee Cost: \_\_\_\_\_ How Paid: \_\_\_\_\_

Building Dept. Staff Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_